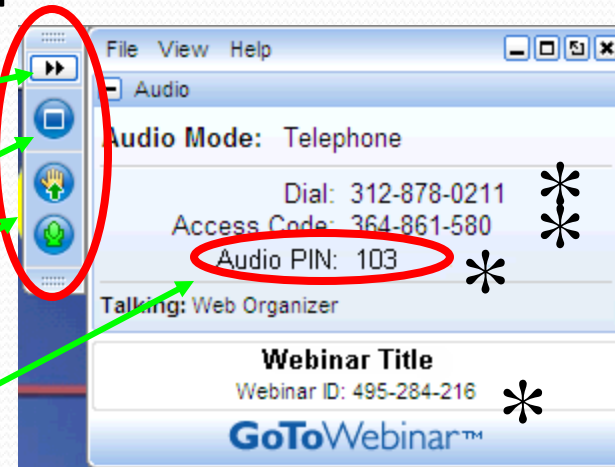


Using the Attendee Control Panel

- Grab Tab
 - Click arrow to open/close Control Panel.
 - Click square to toggle Viewer Window between full screen/window mode.
 - Click hand icon to raise/lower hand.

- **When joining via telephone, be sure to enter on the telephone keypad the Audio PIN noted in your Control Panel.**

- By default, you will be joined into the Webinar muted. Questions will be taken at the conclusion of the presentation.
 - Please use the Hand Icon to raise your hand to ask a question.
 - When the organizer is ready to address your question, your line will be unmuted and you will be cued to ask your question.



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Provider Billing Errors for BAYOU HEALTH Claims Submitted to Shared Savings Plans

Molina/CHS/UHC Joint Training

Webinar #2

April 10, 2012



Bayou Health Implementation A Transition from Legacy Medicaid to Medicaid Managed Care

**This webinar is the second in a series of webinars addressing
billing issues identified with claims
processed for Shared Health Plan members.**

Medicaid vs. Commercial Insurance Guidelines

DO NOT change your system to accommodate billing guidelines for commercial insurance.

- Bill claims as previously billed to Medicaid.
- Requirements have not changed for billing claims for Medicaid Recipients.

Examples of Identified Errors:

- Taxonomy codes not included on claims where required;
- NPIs submitted continue to be incorrect;
- Authorization Numbers (PA/Precertification) are Missing or Invalid causing 191 and 161 denials;
- Rehabilitation Centers entering attending provider numbers causing 202 denials.

Only La Medicaid Enrolled Providers

- Providers billing claims for Shared Plan members **MUST** be enrolled as Louisiana Medicaid providers.
- Being contracted/affiliated with the Shared Plan for commercial business does not prevent a provider from having to enroll as a Louisiana Medicaid provider.
- Once enrolled, the NPI or NPI plus taxonomy code registered with Medicaid must be used to bill claims for Medicaid members enrolled in Shared Plans.
- Claims submitted by non-Medicaid enrolled providers are not processed because the provider is not enrolled with Medicaid.

Providers and Their Contractors

- In circumstances where providers have billing vendors or use clearinghouses to transmit claims on their behalf, it is the provider's responsibility to:
 - ❖ Notify contractors that claims must be sent to the Shared Plans for recipients enrolled in Bayou Health Shared Plans. These claims may not come directly to Molina if dates of service are on or after the Shared Plan effective date.
 - ❖ Notify contractors that Providers **must** submit claims with the NPI/NPI-taxonomy combination registered on the LA Medicaid provider file for that provider number AND contractors **can not** change this data.
 - ❖ Work with contractors to accomplish these requirements.
 - ❖ We continue to identify many claims denied with edit 506 - SUBMIT TO RECIPIENTS SHARED PLAN

Submitting Correct NPIs

- If claims are submitted to the Shared Plans with an NPI/NPIs that are different from those registered for the Medicaid provider number billing the services, the claims are not processed.
- The claims do not appear on a remittance advice because the billing NPI (or NPI/taxonomy combination) is not on the LA Medicaid provider file.
- This error continues to cause thousands of claims to fail for processing and final adjudication.
- Providers must ensure that correct NPIs/NPI-taxonomy are submitted.
- Individual Providers who have both individual and organizational/business entity NPIs should register both NPIs with Molina Provider Enrollment.

Telephone Notification to Providers

- When EDI claims files are not processed by Molina due to a missing or invalid NPI for the billing provider, the Molina Provider Enrollment Department contacts the provider by telephone to inform them of this issue.
- The phone number listed on the Medicaid provider file is used for this contact.
- If the phone number is incorrect or disconnected, an attempt is made to locate a valid phone number through the NPI registry.
- Every attempt is made to contact the provider directly with notification of this problem.

Importance of Providing Molina with Current & Accurate Provider Information

- It is the provider's responsibility to ensure that correct information is always present on the Medicaid provider file.
- It is the provider's responsibility to ensure that the correct billing NPI is submitted on claims – which ensures that they are processed and appear on a remittance advice (RA).
- Providers that have chosen to use 1 NPI for multiple Medicaid provider numbers MUST ensure that the correct NPI/Taxonomy combination is submitted for the correct Medicaid provider number.

Prior Authorizations

- Prior Authorization of services is performed by the Shared Plans.
- HOWEVER, authorization numbers MUST continue to be submitted on claims in the appropriate locations in order for the claims requiring authorizations to process correctly.
- Shared Plans may vary somewhat in the requirements for providers transmitting claims.
- Providers should discuss authorization requirements for claims with each Shared Plan.
- Edits 191 (prior authorization) and 161 (inpatient precertification) continue to deny claim submissions.



Prior Authorization Requirements of Shared Plans

- UnitedHealthcare Community Plan
- Community Health Solutions

Common Denials

Denial/ Edit 209 – Group Must Bill for Provider

- Provider groups must continue to bill as a group and not as an individual physician(s).
- The group NPI that is on the Medicaid file should be entered as the billing number on the claim.
- The individual provider NPI that is on the Medicaid file should be entered as the attending provider number.

Claims should match the same format as previously billed to legacy Medicaid.

Common Denials

Denial/Edit 187 – Recipient Not Enrolled in a Bayou Health Plan.

- Provider should verify eligibility on every recipient for every visit to insure claims are being submitted to the appropriate plan.
- If the recipient is not enrolled in a Bayou Health Plan on the date of service, the claims should be submitted directly to Molina Medicaid.

Common Denial Rehabilitation Center Claims

Denial/Edit 202 – Provider Cannot Submit This Type Claim

- Do not enter Attending Provider Numbers on Rehabilitation Center claims
- Even when billing on the CMS-1500 claim form the attending provider number should be left blank.

Note: Rehab claims submitted directly to Molina for Non-Bayou Health recipients should continue to be billed on the state assigned form-102.

Common Denials

Denial/Edit 127 – NDC Code Missing or Incorrect

- NDC and accompanying HCPCS are still required when billing for physician administered drugs in the appropriate field of the claim as required by legacy Medicaid.

NDC Entry Format with J codes:

N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7 J1000

NDC Format:

XXXXXX – XXXX – XX

Providers should review drug invoices or contact the drug manufacturer or salesman if NDC numbers are not 11 digits in 5-4-2 format. Molina and the Shared Plans can not assist with this issue.

Common Denials

We continue to see the following Denials/Edits:

- **Denial/Edit 092 – Invalid or Missing Modifier**

- ❖ Medicaid policy has not changed with regard to acceptable modifiers for each program.

- **Denial/Edit 299 – Procedure/Drug Not Covered by Medicaid**

Denial/Edit 232 – Procedure/Type of Service Not Covered by Program

- ❖ Policy and Fee Schedules found on www.lamedicaid.com.

Current Billing Instructions

Please refer to the Medicaid website below for current billing instructions.

www.lamedicaid.com

Links:

- Provider Manuals
- or
- Billing information



Contact Information

Molina Medicaid Solutions

Provider Relations

800-473-2783

225-924-5040

UnitedHealthcare Community Plan of Louisiana, Inc.

Provider Relations

866-675-1607

Community Health Solutions of Louisiana

Provider Relations

855-247-5248

Questions

